

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 2,411,277.65

Gross Claim \$2,411,277.65

Net Claim / Payment Amount \$2,411,277.65

YTD Amount: \$6,581,294.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 61,472.33

Gross Claim \$61,472.33

Net Claim / Payment Amount \$61,472.33

YTD Amount: \$167,781.39

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 2 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 110,653.42

Gross Claim \$110,653.42

Net Claim / Payment Amount \$110,653.42

YTD Amount: \$302,015.31

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 3 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY

CA 94704

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 204,307.25

Gross Claim **\$204,307.25**

Net Claim / Payment Amount **\$204,307.25**

YTD Amount: **\$557,632.26**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 394,386.95

Gross Claim **\$394,386.95**

Net Claim / Payment Amount **\$394,386.95**

YTD Amount: **\$1,076,432.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 119,647.58

Gross Claim **\$119,647.58**

Net Claim / Payment Amount **\$119,647.58**

YTD Amount: **\$326,563.80**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 99,633.98

Gross Claim **\$99,633.98**

Net Claim / Payment Amount **\$99,633.98**

YTD Amount: **\$271,939.06**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,531,719.03

Gross Claim \$1,531,719.03

Net Claim / Payment Amount \$1,531,719.03

YTD Amount: \$4,180,644.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 104,874.11

Gross Claim \$104,874.11

Net Claim / Payment Amount \$104,874.11

YTD Amount: \$286,241.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 274,103.13

Gross Claim \$274,103.13

Net Claim / Payment Amount \$274,103.13

YTD Amount: \$748,131.79

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 10 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,658,528.91

Gross Claim \$1,658,528.91

Net Claim / Payment Amount \$1,658,528.91

YTD Amount: \$4,526,756.76

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 11 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 105,440.92

Gross Claim \$105,440.92

Net Claim / Payment Amount \$105,440.92

YTD Amount: \$287,788.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 243,242.62

Gross Claim \$243,242.62

Net Claim / Payment Amount \$243,242.62

YTD Amount: \$663,901.71

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 13 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 335,105.70

Gross Claim \$335,105.70

Net Claim / Payment Amount \$335,105.70

YTD Amount: \$914,631.03

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 14 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 71,116.87

Gross Claim \$71,116.87

Net Claim / Payment Amount \$71,116.87

YTD Amount: \$194,105.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,431,380.07

Gross Claim \$1,431,380.07

Net Claim / Payment Amount \$1,431,380.07

YTD Amount: \$3,906,781.11

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 16 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 281,590.29

Gross Claim \$281,590.29

Net Claim / Payment Amount \$281,590.29

YTD Amount: \$768,567.10

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 17 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 139,509.54

Gross Claim \$139,509.54

Net Claim / Payment Amount \$139,509.54

YTD Amount: \$380,774.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 105,039.91

Gross Claim \$105,039.91

Net Claim / Payment Amount \$105,039.91

YTD Amount: \$286,693.90

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 19 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 19,253,327.27

Gross Claim **\$19,253,327.27**

Net Claim / Payment Amount **\$19,253,327.27**

YTD Amount: **\$52,549,659.35**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 294,926.18

Gross Claim **\$294,926.18**

Net Claim / Payment Amount **\$294,926.18**

YTD Amount: **\$804,965.81**

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 21 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 382,080.89

Gross Claim **\$382,080.89**

Net Claim / Payment Amount **\$382,080.89**

YTD Amount: **\$1,042,844.20**

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 22 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA CA 95338

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 71,662.79

Gross Claim \$71,662.79

Net Claim / Payment Amount \$71,662.79

YTD Amount: \$195,595.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 169,727.09

Gross Claim **\$169,727.09**

Net Claim / Payment Amount **\$169,727.09**

YTD Amount: **\$463,249.83**

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 24 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 496,239.64

Gross Claim \$496,239.64

Net Claim / Payment Amount \$496,239.64

YTD Amount: \$1,354,426.89

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 25 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 66,830.41

Gross Claim **\$66,830.41**

Net Claim / Payment Amount **\$66,830.41**

YTD Amount: **\$182,405.62**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 69,699.51

Gross Claim \$69,699.51

Net Claim / Payment Amount \$69,699.51

YTD Amount: \$190,236.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 790,391.43

Gross Claim \$790,391.43

Net Claim / Payment Amount \$790,391.43

YTD Amount: \$2,157,279.09

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 28 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 227,065.27

Gross Claim **\$227,065.27**

Net Claim / Payment Amount **\$227,065.27**

YTD Amount: **\$619,747.56**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 185,848.50

Gross Claim \$185,848.50

Net Claim / Payment Amount \$185,848.50

YTD Amount: \$507,251.30

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 30 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 5,478,808.06

Gross Claim \$5,478,808.06

Net Claim / Payment Amount \$5,478,808.06

YTD Amount: \$14,953,752.84

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 31 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 460,193.59

Gross Claim **\$460,193.59**

Net Claim / Payment Amount **\$460,193.59**

YTD Amount: **\$1,256,043.49**

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 32 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 96,543.14

Gross Claim \$96,543.14

Net Claim / Payment Amount \$96,543.14

YTD Amount: \$263,502.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 3,514,154.25

Gross Claim **\$3,514,154.25**

Net Claim / Payment Amount **\$3,514,154.25**

YTD Amount: **\$9,591,464.70**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 2,165,995.59

Gross Claim \$2,165,995.59

Net Claim / Payment Amount \$2,165,995.59

YTD Amount: \$5,911,826.50

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 35 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 134,732.43

Gross Claim **\$134,732.43**

Net Claim / Payment Amount **\$134,732.43**

YTD Amount: **\$367,736.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 3,556,843.65

Gross Claim \$3,556,843.65

Net Claim / Payment Amount \$3,556,843.65

YTD Amount: \$9,707,980.32

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 37 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 5,523,744.48

Gross Claim \$5,523,744.48

Net Claim / Payment Amount \$5,523,744.48

YTD Amount: \$15,076,401.44

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 38 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,251,366.15

Gross Claim \$1,251,366.15

Net Claim / Payment Amount \$1,251,366.15

YTD Amount: \$3,415,454.59

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 39 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,138,535.12

Gross Claim **\$1,138,535.12**

Net Claim / Payment Amount **\$1,138,535.12**

YTD Amount: **\$3,107,495.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 459,239.92

Gross Claim \$459,239.92

Net Claim / Payment Amount \$459,239.92

YTD Amount: \$1,253,440.56

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 41 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,099,745.33

Gross Claim \$1,099,745.33

Net Claim / Payment Amount \$1,099,745.33

YTD Amount: \$3,001,623.65

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 42 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 782,813.96

Gross Claim \$782,813.96

Net Claim / Payment Amount \$782,813.96

YTD Amount: \$2,136,597.29

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 43 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A
PAYMENT ISSUE DATE: 09/13/2013

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 3,098,004.74

Gross Claim \$3,098,004.74

Net Claim / Payment Amount \$3,098,004.74

YTD Amount: \$8,455,634.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 497,504.69

Gross Claim \$497,504.69

Net Claim / Payment Amount \$497,504.69

YTD Amount: \$1,357,879.68

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 45 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 327,189.90

Gross Claim \$327,189.90

Net Claim / Payment Amount \$327,189.90

YTD Amount: \$893,025.79

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 46 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 62,800.05

Gross Claim \$62,800.05

Net Claim / Payment Amount \$62,800.05

YTD Amount: \$171,405.25

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 47 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 116,729.96

Gross Claim \$116,729.96

Net Claim / Payment Amount \$116,729.96

YTD Amount: \$318,600.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SOLANO COUNTY T TC

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 682,198.67

Gross Claim **\$682,198.67**

Net Claim / Payment Amount **\$682,198.67**

YTD Amount: **\$1,861,979.87**

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 49 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 766,520.01

Gross Claim **\$766,520.01**

Net Claim / Payment Amount **\$766,520.01**

YTD Amount: **\$2,092,124.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 868,801.35

Gross Claim \$868,801.35

Net Claim / Payment Amount \$868,801.35

YTD Amount: \$2,371,289.61

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 51 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 322,198.46

Gross Claim \$322,198.46

Net Claim / Payment Amount \$322,198.46

YTD Amount: \$879,402.25

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 52 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 135,229.82

Gross Claim \$135,229.82

Net Claim / Payment Amount \$135,229.82

YTD Amount: \$369,093.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 375,734.77

Gross Claim **\$375,734.77**

Net Claim / Payment Amount **\$375,734.77**

YTD Amount: **\$1,025,523.22**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 69,436.66

Gross Claim \$69,436.66

Net Claim / Payment Amount \$69,436.66

YTD Amount: \$189,519.07

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 55 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA

CA 93291

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 822,599.88

Gross Claim **\$822,599.88**

Net Claim / Payment Amount **\$822,599.88**

YTD Amount: **\$2,245,188.22**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 129,229.45

Gross Claim \$129,229.45

Net Claim / Payment Amount \$129,229.45

YTD Amount: \$352,716.36

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 57 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 **To** 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,403,278.13

Gross Claim **\$1,403,278.13**

Net Claim / Payment Amount **\$1,403,278.13**

YTD Amount: **\$3,830,080.21**

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 58 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300033A

PAYMENT ISSUE DATE: 09/13/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 08/01/2013 To 08/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 366,215.58

Gross Claim \$366,215.58

Net Claim / Payment Amount \$366,215.58

YTD Amount: \$999,541.73

For assistance, please call: John Bodolay at (916) 323-2154

9/11/2013

Page 59 of 59